

<b>THE TULALIP TRIBES FOOD PERMIT NUMBER</b>
<b>F</b>
<b>OWNER/BUSINESS NAME (Please print clearly)</b>

**Please type or printer clearly in dark ink.**

**FEE**[illegible]

**All questions must be answered completely for this application to be processed (renewals included).**

This application is for (check one):      **NEW:**      Business ☐      Location ☐      Owner ☐      Name ☐  
    **RENEWAL:**      Business ☐      Replace lost license ☐

Date you plan to open/take over business: \_\_\_\_\_ Has there been, or do you plan on any remodeling: ☐ No      ☐ Yes (explain may use separate piece of paper)

**NEW BUSINESSES MUST SUBMIT WITH THIS APPLICATION:**

1.) Floor and equipment plans (to scale drawing new/remodel)      2.) L & I Inspection (Mobiles)      3.) Copy of your menu.      4.) Food Preparation

**NOTE:** New and remodeling food establishments must submit floor and equipment plans to the Indian Health Services (IHS). Please allow IHS 4 weeks to review the plans prior to building, etc. to ensure plans are adequate, or allow for modifications that may be required.

When ready for opening, call the IHS for a pre-opening inspection at 360-792-1235.

**DO NOT OPEN WITHOUT TULALIP TRIBES / IHS APPROVAL.**

## TERO EMPLOYMENT

**TERO (360) 651-3732**

Employers engaged in work within the exterior boundaries of the Tulalip Reservation are required to give preference to Indian employees in hiring, promotion, training and all other aspects of employment, contracting, or subcontracting and must comply with the TERO Ordinance.

## FOOD HANDLERS

You must show proof of your current food handlers card

**D BUSINESS INFORMATION** Complete for actual location where business will be conducted.

Firm/Trade Name			
Business Mailing Address ( Street or Route, P.O. Box, Suite # - Do not use building name)			
City	State	Zip	Business Telephone Number ( ) -
Physical Business Location, if different from above (Street or Route, City, State, Zip)			FAX Number ( ) -
County	Your Federal I.D. Number ( <i>FIN</i> )		Total number of business location's you have on the Tulalip Indian Reservation
Is this Business <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		Number of Employees:	

**E MISCELLANEOUS INFORMATION**

Is this Business A Child Care Facility Yes <input type="checkbox"/> No <input type="checkbox"/>	Water Source (check one) <input type="checkbox"/> Public <input type="checkbox"/> Well Sewage Disposal (check one) <input type="checkbox"/> Public Sewer <input type="checkbox"/> On-Site
<b>Temperature Control Method (check mark as many as you will be using)</b> A) Hot Holding <input type="checkbox"/> Steam Table <input type="checkbox"/> Oven <input type="checkbox"/> BBQ <input type="checkbox"/> Gas Grill <input type="checkbox"/> Steamer <input type="checkbox"/> Stove Top <input type="checkbox"/> Hot Case Other (list) _____ B) Reheating or Cooking <input type="checkbox"/> Oven <input type="checkbox"/> BBQ <input type="checkbox"/> Gas Grill <input type="checkbox"/> Wok <input type="checkbox"/> Steamer <input type="checkbox"/> Stove Top Other (list) _____ C) Cold Holding <input type="checkbox"/> Refrigerator <input type="checkbox"/> Ice <input type="checkbox"/> Freezer Other (list) _____ D) During Transport _____ E) Cooling to 45° <input type="checkbox"/> Ice Bath <input type="checkbox"/> Refrigerator at 2" to 4" Depth Other (list) _____	
<b>Eliminating Bare Hand Contact with Ready to Eat Foods</b> <input type="checkbox"/> Disposable Gloves <input type="checkbox"/> Utensils <input type="checkbox"/> Bakery Tissue Other (list) _____	

**F SIGNATURE** I hereby consent to inspections by the Tulalip Tribes and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with provisions of the Tulalip Tribes Ordinances. I understand that this permit is nontransferable and that the Tulalip Tribes must be notified of changes in ownership or remodeling of facilities **IN ADVANCE**.

Signature(s) required X	Title	Date
X	Title	Date
Application prepared by ( <i>please print</i> )	Title	Date

**FOR OFFICIAL USE ONLY:**

IHS RECOMMENDATION: <input type="checkbox"/> YES <input type="checkbox"/> NO    DATE: ____/____/____	INSPECTOR:
<input type="checkbox"/> <b>Application DENIED</b> because _____	
<input type="checkbox"/> <b>Application Approved</b> and/or with <input type="checkbox"/> Special Conditions _____	
# MINOR OFFENSES: _____	# MAJOR OFFENSES: _____